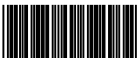


## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Electronic Version v05

Stylesheet Version v05.0

<b>Title of Invention</b>	<b>WOUND HEALING WITH FEEDBACK CONTROL</b>
First Named Applicant :	Jerrold S. PETROFSKY
Attorney Docket Number :	13999-2
I hereby appoint the registered practitioner(s) at Customer Number:	
23676	
as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.	
I am the Applicant/Inventor.	
Full Name of Applicant of Record:	
Jerrold S. PETROFSKY	
Signature: /jerroldpetrofsky/	Date: 2003-09-09